

Prescription Copays

Rates effective July 1, 2006

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED (FORMULARY)	TIER 3 NON-PREFERRED NON-FORMULARY
30-DAY SUPPLY	\$8.50	\$20.00	\$45.00
90-DAY SUPPLY	\$17.00	\$40.00	\$90.00